

Recipient Committee
Campaign Statement

(Government Code Sections 84500-84509.5)

Amendment

Type or print in

COPY

COVER PAGE

REVIEWED BY
S. Blush
City Clerk/Dep. City Clerk
Date 11-22-00

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 1/1/00
through 6/30/00

Date of election if applicable:
(Month, Day, Year)

N/A

Date Stamp
RECEIVED
JUL 20 AM 10:11
JUL 20 2000
CITY CLERK
CITY OF LOS ANGELES

CALIFORNIA FORM 460
Page 1 of 6
For Official Use Only

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 7.

- ☒ Officeholder, Candidate
Controlled Committee
(Also Complete Part 4.)
☐ Ballot Measure Committee
☐ Primarily Formed
☐ Controlled
☐ Sponsored
(Also Complete Part 5.)

- ☐ Primarily Formed Candidate/
Officeholder Committee
(Also Complete Part 6.)
☐ General Purpose Committee
☐ Sponsored
☐ Broad Based

2. Type of Statement:

- ☐ Pre-election Statement
☐ Semi-annual Statement
☐ Termination Statement
☒ Amendment (Explain below)
☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Pre-election
Statement - Attach Form 495

Per letter from City Clerk - Dated October
20, 2000. Schedules D+E, also
Summary Page.

3. Committee Information

I.D. NUMBER

902421

COMMITTEE NAME

Committee to Elect Phillip Pennino

STREET ADDRESS (NO P.O. BOX)

1502 Keagle Way

CITY STATE ZIP CODE AREA CODE/PHONE

Los Angeles CA 90042 (209) 942-1730

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Matt McGloery

MAILING ADDRESS

851 Dorchester Circle

CITY STATE ZIP CODE AREA CODE/PHONE

Los Angeles CA 90040

NAME OF ASSISTANT TREASURER, IF ANY

N/A

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

Recipient Committee
Campaign Statement
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM 460

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NAME OF OFFICEHOLDER OR CANDIDATE

Phillip Pennino

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Losi City Council

1502 Keagle Way Losi CA 95242

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

7. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

1/28/01
DATE

Executed on

1/28/01
DATE

Executed on

DATE

Executed on

DATE

By

[Signature]

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By

[Signature]

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee To Elect Phillip Pennino

Statement covers period from 1/1/00 through 6/30/00		CALIFORNIA FORM 460
Page 3 of 6		
I.D. NUMBER 902421		

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (COLUMNS A + B)
1. Monetary Contributions Schedule A, Line 3	\$ 0	\$	\$ 0
2. Loans Received Schedule B, Line 7	\$ 0	\$	\$ 0
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 0	\$	\$ 0
4. Nonmonetary Contributions Schedule C, Line 3	\$ 0	\$	\$ 0
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 0	\$	\$ 0

Expenditures Made

6. Payments Made Schedule E, Line 4	\$ 755 ⁰⁰	\$	\$ 755 ⁰⁰
7. Loans Made Schedule H, Line 7	\$ 0	\$	\$ 0
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 755 ⁰⁰	\$	\$ 755 ⁰⁰
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$ 0	\$	\$ 0
10. Nonmonetary Adjustment Schedule C, Line 3	\$ 0	\$	\$ 0
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 755 ⁰⁰	\$	\$ 755 ⁰⁰

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 1204 ⁹²
13. Cash Receipts Column A, Line 3 above	\$ 0
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$ 0
15. Cash Payments Column A, Line 8 above	\$ 755 ⁰⁰
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 449 ⁹²

* From previous statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Loans Made (Line 7), and Accrued Expenses (Line 9).

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED Schedule B, Part 1, Column (b)	\$ 0
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ 0
19. Outstanding Debts Add Line 2 + Line 9 in Column C above	\$ 0

Summary for Candidates in Both June and November Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ 0	\$ 0
21. Expenditures Made	\$ 0	\$ 0

Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in Ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 1/1/00
through 6/30/00

SCHEDULE D
CALIFORNIA FORM 460
Page 4 of 6
I.D. NUMBER
902421

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee To Elect Phillip Pennino

DATE	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION OF NONMONETARY CONTRIBUTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT
<u>1/22/00</u>	<u>Committee To Elect</u> <u>Jack Seigloch</u> <u>1702 Timberlake Dr</u> <u>Los Angeles, CA 90042</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		<u>100⁰⁰</u>	Calendar Year \$ <u>100⁰⁰</u> Other \$ _____
<u>2/10/00</u>	<u>Richard Pombo for Congress</u> <u>7527 W. Linn Rd</u> <u>Tracy, CA 95376</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		<u>150⁰⁰</u>	Calendar Year \$ <u>150⁰⁰</u> Other \$ _____
<u>5/13/00</u>	<u>Citizens For Andol</u> <u>P.O. Box 250</u> <u>Stockton, CA 95207</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		<u>75</u>	Calendar Year \$ <u>75⁰⁰</u> Other \$ _____

SUBTOTAL \$ 325

Schedule D Summary

1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$ 425⁰⁰
2. Unitemized contributions and independent expenditures made this period of under \$100 \$ 60⁰⁰
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) TOTAL \$ 485⁰⁰

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 1/1/00
through 6/30/00

SCHEDULE D (CONT.)

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NAME OF FILER

Committee To Elect Phillip Pennino

I.D. NUMBER

902421

DATE	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION OF NONMONETARY CONTRIBUTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT
6/5/00	Pescetti for Assembly 10675 Coloma RD 50# Rancho Cordova CA 96226	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		100 ⁰⁰	Calendar Year \$ <u>100⁰⁰</u> Other \$ _____
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure			Calendar Year \$ _____ Other \$ _____
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose				
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure			Calendar Year \$ _____ Other \$ _____
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose				
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure			Calendar Year \$ _____ Other \$ _____
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose				

SUBTOTAL \$ 100⁰⁰

Schedule E
Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from 1/1/00	through 6/30/00	
		Page 6 of 6
NAME OF FILER Committee To elect Phillip Pennino		I.D. NUMBER 902421

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	OFC office expenses	RFD returned contributions
CNS campaign consultants	PET petition circulating	SAL campaign workers salaries
CTB contribution (explain nonmonetary)*	PHO phone banks	TEL t.v. or cable airtime and production costs
CVC civic donations	POL polling and survey research	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POS postage, delivery and messenger services	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	PRO professional services (legal, accounting)	TSF transfer between committees of the same candidate/sponsor
LIT campaign literature and mailings	PRT print ads	VOT voter registration
MTG meetings and appearances	RAD radio airtime and production costs	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Lodi Lions Club P.O. Box 97 Lodi, CA 95241	CVC	Contributions To Non-Profit Club	270 ⁰⁰
Committee To Elect Jack Seygloch 1702 Timberlake Dr Lodi, CA 95242	CTB		100 ⁰⁰
Richard Pombo for Congress 7527 W Linne Rd Tracy, CA 95376 CDD261370	CTB		150 ⁰⁰

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 520⁰⁰

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 620 ⁰⁰
2. Unitemized payments made this period of under \$100	\$ 135 ⁰⁰
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column (d).)	\$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 755 ⁰⁰